

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26032

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>1 wk.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>	
		d. STREET ADDRESS (If rural, give location) <u>701 South Kirkpa trck</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>S.</u> c. (Last) <u>Preston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 29, 1869</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 MIN. Hours	IF UNDER 24 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Solomon Preston</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. Barnes</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lora Higbe</u> ADDRESS <u>El Dorado Spgs., Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic Cardio-renal disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Neck of Femur</u>		16 days.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/2 X 7</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 8, 1954, to July 22, 1954, that I last saw the deceased alive on July 21, 1954, and that death occurred at 6:50 am., from the causes and on the date stated above.

23a. SIGNATURE <u>James J. Pascoe, M.D.</u> (Degree or title)	23b. ADDRESS <u>Nevada Mo.</u>	23c. DATE SIGNED <u>July 23</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebeck Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-24-54</u>	REGISTRAR'S SIGNATURE <u>Anna B. Ferry</u> 451	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Brothers</u> ADDRESS <u>El Dorado Spgs., Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed May W. Beckering

Licensed Embalmer No. 4896

P. O. Address El Dorado Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.